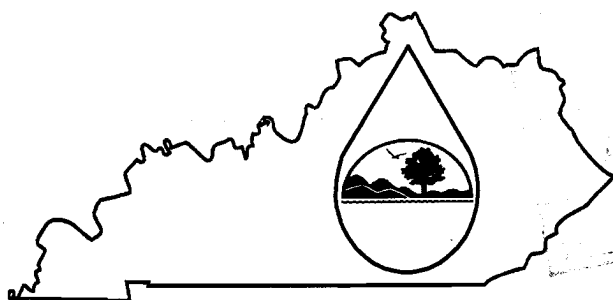


KPDES FORM 1

AI 447



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or **Short Form C**

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	3	4	1	7	7
A. Name of business, municipality, company, etc. requesting permit BULLITT COUNTY SANITATION DISTRICT - HILLVIEW PLANT 3									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: BCSD - HILLVIEW 3					Owner Name: BULLITT COUNTY SANITATION DISTRICT				
Facility Location Address (i.e. street, road, etc.): 12325 WESTERN ROAD					Mailing Street: P.O. Box 818				
Facility Location City, State, Zip Code: LOUISVILLE, KENTUCKY 40229					Mailing City, State, Zip Code: HILLVIEW, KENTUCKY 40129				
					Telephone Number: (502) 957-6140				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

THE BCSD PROVIDES WASTEWATER COLLECTION AND DISPOSAL FOR A PORTION OF THE CITY OF HILLVIEW

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

6552

Other SIC Codes:

NA

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions) **SEE ATTACHED**

B. County where facility is located:

BULLITT

City where facility is located (if applicable):

HILLVIEW

C. Body of water receiving discharge:

UN-NAMED TRIBUTARY OF BROOKS RUN

D. Facility Site Latitude (degrees, minutes, seconds):

38° - 4' - 8"

Facility Site Longitude (degrees, minutes, seconds):

85° - 42' - 48"

E. Method used to obtain latitude & longitude (see instructions): **USGS TOPO MAP COORDINATES**

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

NA

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

JERRY KENNEDY

Telephone Number:

(502) 952-6140

Operator Mailing Address (Street):

P.O. Box 818

Operator Mailing Address (City, State, Zip Code):

HILLVIEW, KENTUCKY 40129

Is the operator also the owner?

Yes ☐No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒No ☐

Certification Class:

WASTEWATER CLASS IV

Certification Number:

8941

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY 0034177

Issue Date of Current Permit:

4-2-04

Expiration Date of Current Permit:

2-29-08

Number of Times Permit Reissued:

NOT SURE

Date of Original Permit Issuance:

NOT SURE

Sludge Disposal Permit Number:

NA

Kentucky DOW Operational Permit #:

NA

Kentucky DSMRE Permit Number(s):

NA

NA

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	NA	NA
Solid or Special Waste	NA	NA
Hazardous Waste - Registration or Permit	NA	NA

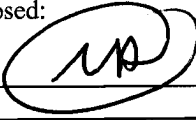
VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	JERRY KENNEDY
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	BECKMAN ENVIRONMENTAL LABORATORY
DMR Mailing Street:	3251 RUCKRIEGEL PARKWAY
DMR Mailing City, State, Zip Code:	JEFFERSON TOWN, KY 40299
DMR Official Telephone Number:	(502) 266-6533

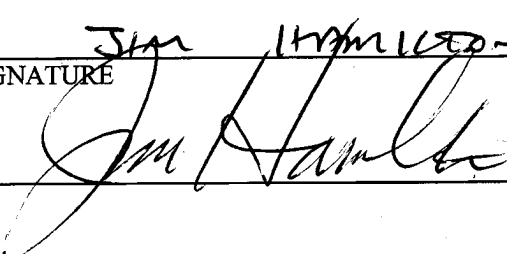
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: GOVERNMENTAL PUBLIC OWNED	Filing Fee Enclosed: 
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VIII. CERTIFICATION

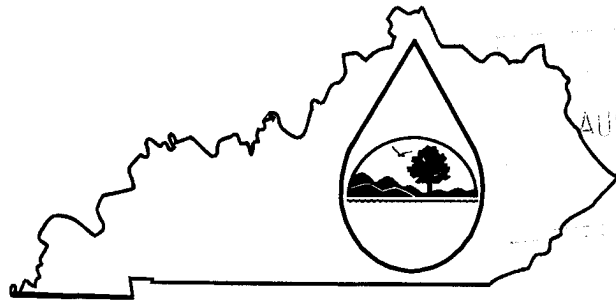
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): JIM HAMILTON - CHAIRMAN <i>DISTRICT</i>	TELEPHONE NUMBER (area code and number): (502) 957-6146
SIGNATURE 	DATE: 8-21-07

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: BULLITT COUNTY SANITATION DISTRICT - HILLVIEW PLANT 3							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 395 TAPS @ 375 GPD/TAP = 148,125 GPD							
B. If new discharger, indicate anticipated discharge date:				NA			
C. Indicate the design capacity of the treatment system:				MGD 0.148			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	4	8	85	43	48	UN-NAMED TRIBUTARY OF BRUCKS RUN

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	USGS MAP TOPO COORDINATES
---	---------------------------

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	WASTEWATER	DESIGN	GRINDING	1-L
	FACILITY	0.148 MG/D	ACTIVATED SLUDGE	3-A
			CLARIFICATION	1-U
		INERTIAL	DISINFECTION (CL ₂)	2-F
		0.125 MG/D	DECOMPOSITION (SOL)	2-E
			AEROBIC DIGESTION	5-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake: *NA*
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

ONE (1)

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input checked="" type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	UNKNOWN per year	per year
Give average duration of bypass	UNKNOWN hours	hours
Give average volume per incident	UNKNOWN 1,000 gallons	1,000 gallons
Give reason why bypass occurs:	EXCESSIVE RAIN FLOW	

B. Number of Overflow Points:

ONE (1)

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input checked="" type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	VARIES per year	per year
Give average duration of overflow:	UNKNOWN hours	hours
Give average volume per incident:	UNKNOWN 1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	NA
Give the number of times discharge occurs per year	NA
Give the average volume per discharge occurrence	(1,000 gallons) NA
Give the average duration of each discharge	(days) NA
List month(s) when the discharge occurs	NA

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
PART OF THE CITY	419 TAPS
OF HILLVIEW, KENTUCKY	APPROXIMATELY 413 ABOVE
	EACH MONTH
TOTAL POPULATION SERVED	ACTUAL POPULATION UNKNOWN

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
NW		

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

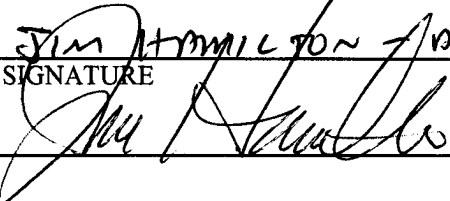
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	mg/l 13	5.45 mg/l	40
TOTAL SUSPENDED SOLIDS	mg/l 40	14.22 mg/l	40
FECAL COLIFORM	count 360	60	40
TOTAL RESIDUAL CHLORINE	mg/l .01	.01 mg/l	40
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA	1.1 mg/l	.32 mg/l	40
DISCHARGE FLOW	0.49 m ³ /d	0.092 m ³ /d	270
pH	unit 8.1	min 3.7	40
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

24/7

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Jim Hamilton - District Chairman	TELEPHONE NUMBER (area code and number): (520) 987-6140
SIGNATURE 	DATE 8-21-07



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

www.kentucky.gov

TERESA J. HILL
SECRETARY

November 28, 2007

Jim Hamilton
Bullitt County Sanitation District
P.O. Box 818
Hillview, KY 40129

Re: KPDES Application Complete
KPDES No.: KY0034177
Hillview Plant 3
AI ID: 447
Activity ID: APE20070001
Bullitt County, Kentucky

Dear Mr. Hamilton,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on October 29, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB
Enclosures
c: Louisville Regional Office
Division of Water Files



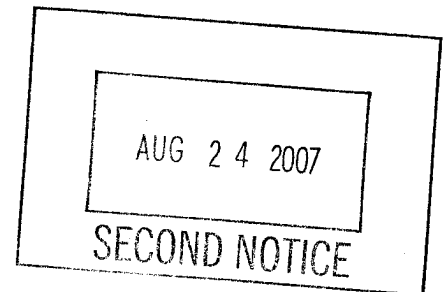
ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

TERESA J. HILL
SECRETARY

July 30, 2007

Mr. Jim Hamilton
Bullitt County Sanitation District
P.O. Box 818
Hillview, Kentucky 40229



RE: KPDES No. KY0034177
Hillview Sewer System Plant #3
Bullitt County, Kentucky

Dear Mr. Hamilton:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on February 29, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is September 5, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Ann S. Workman

for **Vickie L. Prather, Acting Supervisor**
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Louisville Regional Office
Division of Water Files